

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

22141 U.S. PTO
10/695539
102803

In re patent application of:) Date: October 28, 2003
EASWARAN NAMBU DIRI) Attorney Docket No.: F-678
Serial No.: Not Yet Assigned) Customer No.: 00919
Filed: Concurrently Herewith) Group Art Unit: Not Yet Assigned
Confirmation No.: Not Yet Assigned) Examiner: Not Yet Assigned
Title: **METHOD AND SYSTEM FOR IMPROVING SECURITY OF POSTAGE
INDICIA UTILIZING RESOLUTION AND PIXEL SIZE**

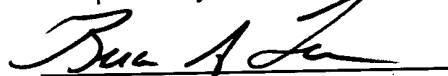
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Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached Patent Application, (10) ten sheets of drawings, Transmittal Letter, Return Receipt Postcard, Declaration and Power of Attorney, Assignment and Recordation of Assignment were deposited with the U.S. Postal Service for delivery by Express Mail on October 28, 2003. The number of the Express Mail mailing label is EU803550542US.

Respectfully submitted



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PITNEY BOWES INC.
Intellectual Property and
Technology Law Department
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000

Docket Number F-678
Customer Number 00919
Pitney Bowes Inc.
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000
October 28, 2003

Mail Stop Patent Application
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor: EASWARAN NAMBUDIRI

For: **METHOD AND SYSTEM FOR IMPROVING SECURITY OF POSTAGE INDICIA UTILIZING
RESOLUTION AND PIXEL SIZE**

Enclosed are:

16 pages comprising the specification, claims, and abstract.
(10) ten sheets of drawings.
A Declaration and Power of Attorney.
A Recordation of Assignment Request and an Assignment of the invention to Pitney Bowes
Incorporated, 1 Elmcroft Road, Stamford, Connecticut 06926-0700.
Certificate of Express Mail.
Return Receipt Postcard.

Fees calculated as follows:

Basic Fee							\$ 770.00
Claims Fee	Number Filed		Number Extra		Rate		
Total Claims	25	- 20 =	5	X	\$18.00	=	\$ 90.00
Independent Claims	5	- 3 =	2	X	\$86.00	=	\$ 172.00
Multiple Dependent Claims					\$290.00	=	\$
Total Filing Fee							\$ 1032.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 1032.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees, which may be required, or credit any overpayment to Account Number **16-1885**.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.



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